

EXHIBIT 263

LOTREL / DIOVAN

USMM – NPPM

APRIL 5, 2005



Agenda

CV Business Unit Performance Update

Diuretic Strategy Update

Referral Network Speaker Training

Race to a Billion Campaign

Field Force Sales Training Brief Overview



CV Performance Update



Novartis Has Become the #1 In Hypertension in 2004

	MAT (9/03 – 9/04) Revenue (USD \$)	% Growth Over MAT Sept 2003
Novartis	3.2 Bil	12.8 %
Pfizer	3.1 Bil	2.0 %
AstraZeneca	1.8 Bil	9.6 %
Merck	1.3 mil	4.6 %
King (Altace)	831.9 mil	22.8 %

Source: IMS National Sales Sept '04



NRx Growth Rates of Top Ten AHYs (MAT* 1/05)

Lotrel has 5th fastest growth rate among Top 10

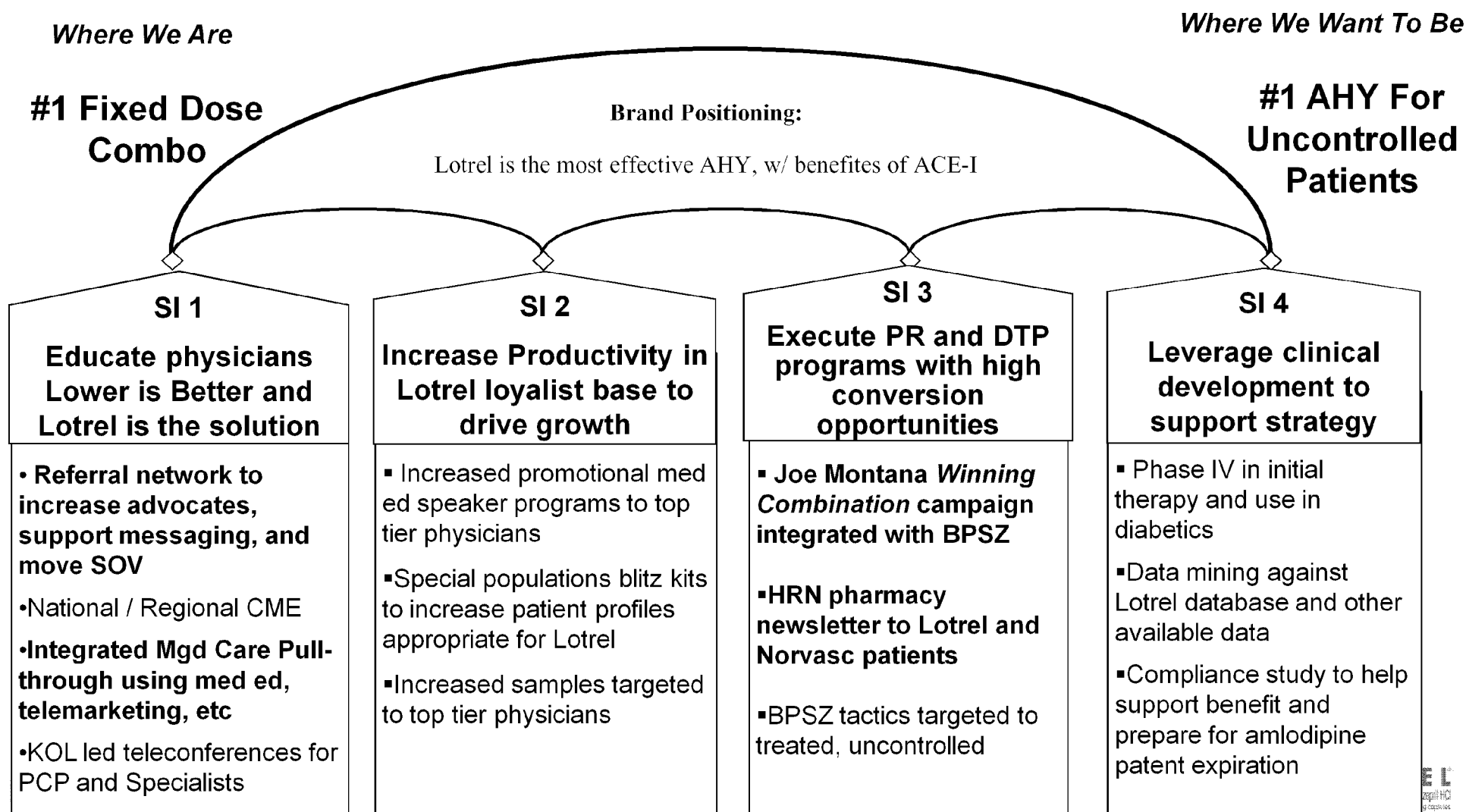
PRODUCT	NRx MAT (000s)	Growth
Norvasc	11,864	7.2%
Toprol XL	10,926	17.3%
Diovan/HCT	8,171	17.8%
Cozaar/Hyzaar	5,238	1.1%
Altace	4,249	6.1%
Lotrel **	4,220	12.7%
Avapro/Avalide	3,116	15.8%
Accupril/Accuretic	3,006	-25.3%
Benicar/HCT	2,349	109.7%
Atacand/HCT	1,243	- 5.3%

*MAT – 12 Month Moving Annual Total

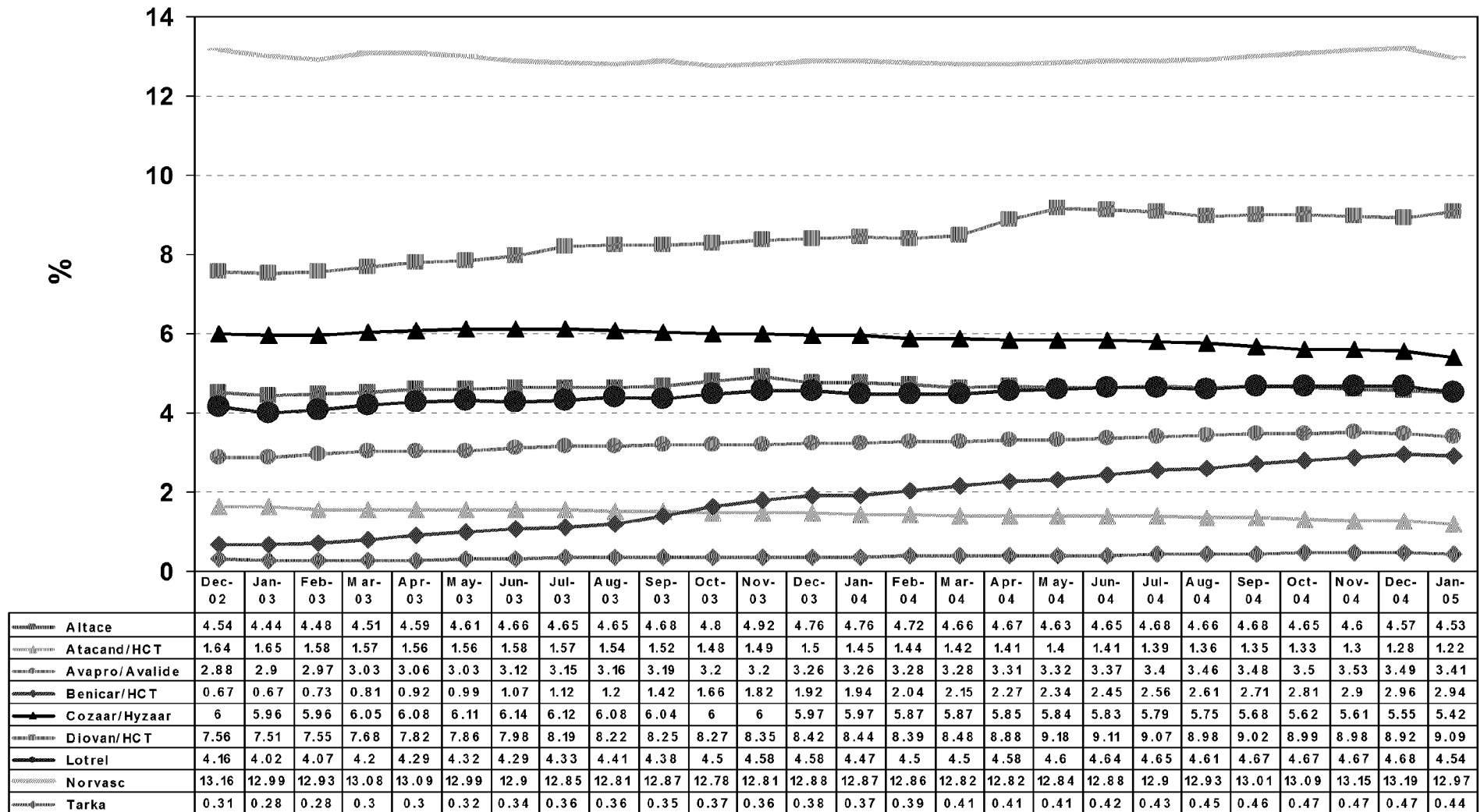
**Lotrel is close to passing Altace in volume



Vision: Establish Lotrel As The Preferred Agent for Aggressive BP Lowering



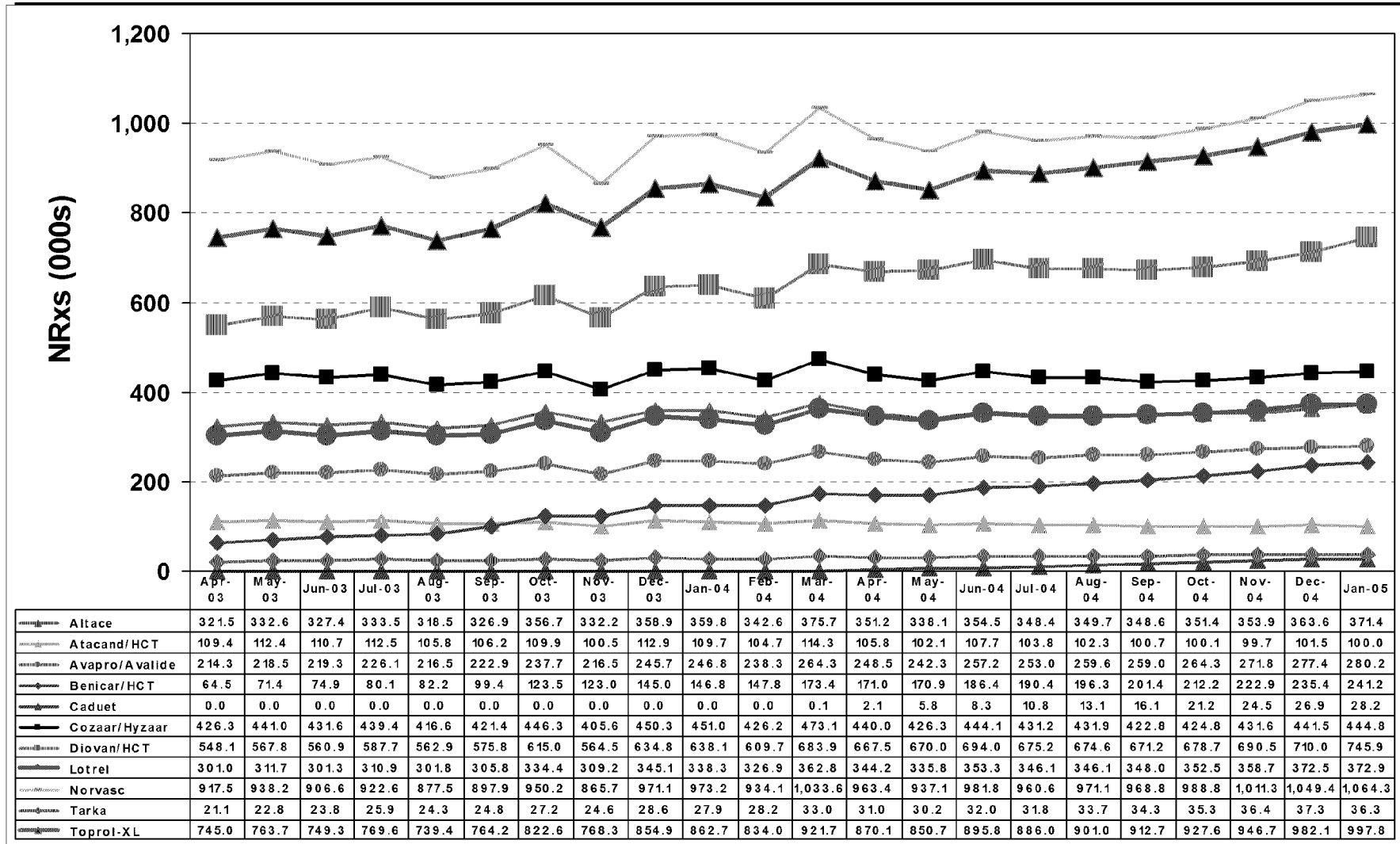
AHY NRx Share through January '05



Source: IMS Dataview

LOTREL
amlodipine besylate/atenolol HCl
2.5/10+5/10+10/20+1/20 mg capsules

AHY NRx Volume through January '05



DIOVAN VISION: To become the #1 prescribed antihypertensive therapy and the Gold Standard in Hypertension & CVM diseases

Where We Are Today:

The #1 ARB

Where We Want to Be:

The #1 AHY

Positioning

The new Gold Standard, versus ACE & HCTZ,
for Hypertension and CV Metabolic Disorders

Diovan CPP

Proven Power & Protection...for Life

Strategic Imperatives

Drive down BP
goals and need
for greater
compliance /
outcomes

#1

Achieve new
Gold Standard
positioning vs.
the ACEi &
HCTZ classes
with emphasis
on BP efficacy

#2

Establish Co-
Diovan as the
Gold Standard
AHY fixed
combination
globally

#3

Maximize LCM
value through
new higher
strengths, fixed
combinations,
and new
formulations

#4

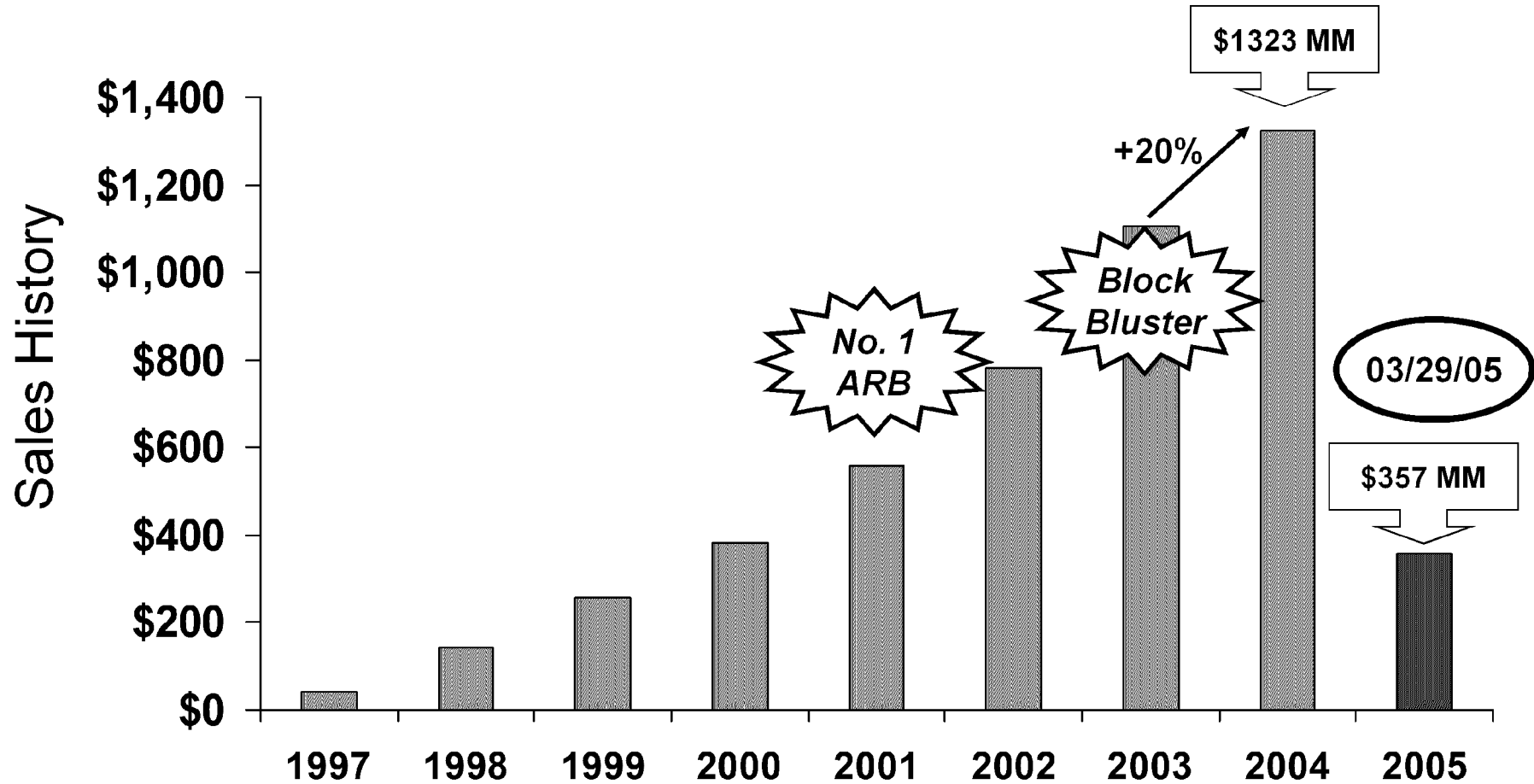
Leverage
globally the
CVM Category
Management
Program
(BP Success
Zone)

#5

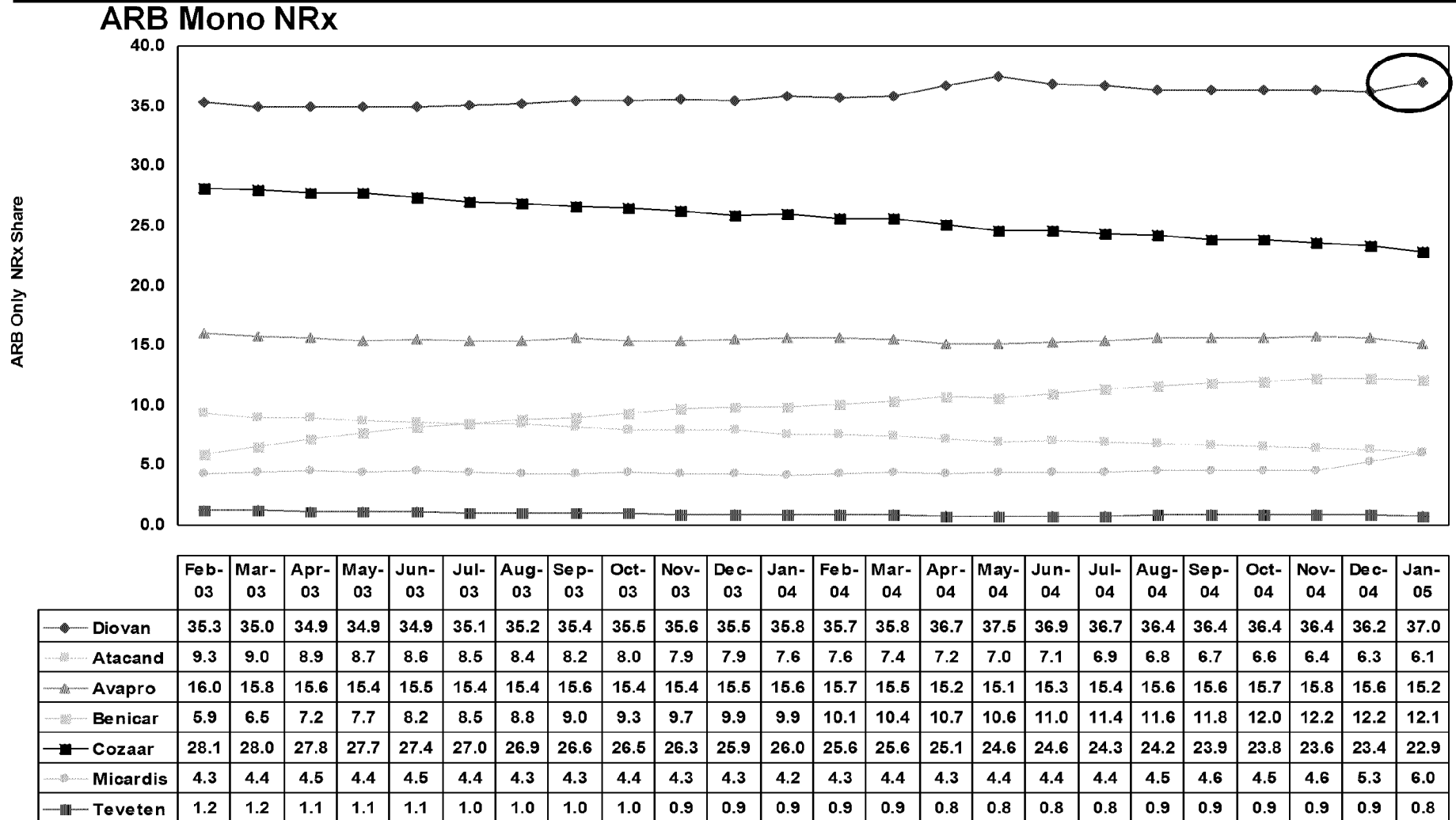
Achieve &
maintain ARB
category
leadership
across all key
markets

#6

Diovan/HCT: Poised to Become the No. 1 AHY



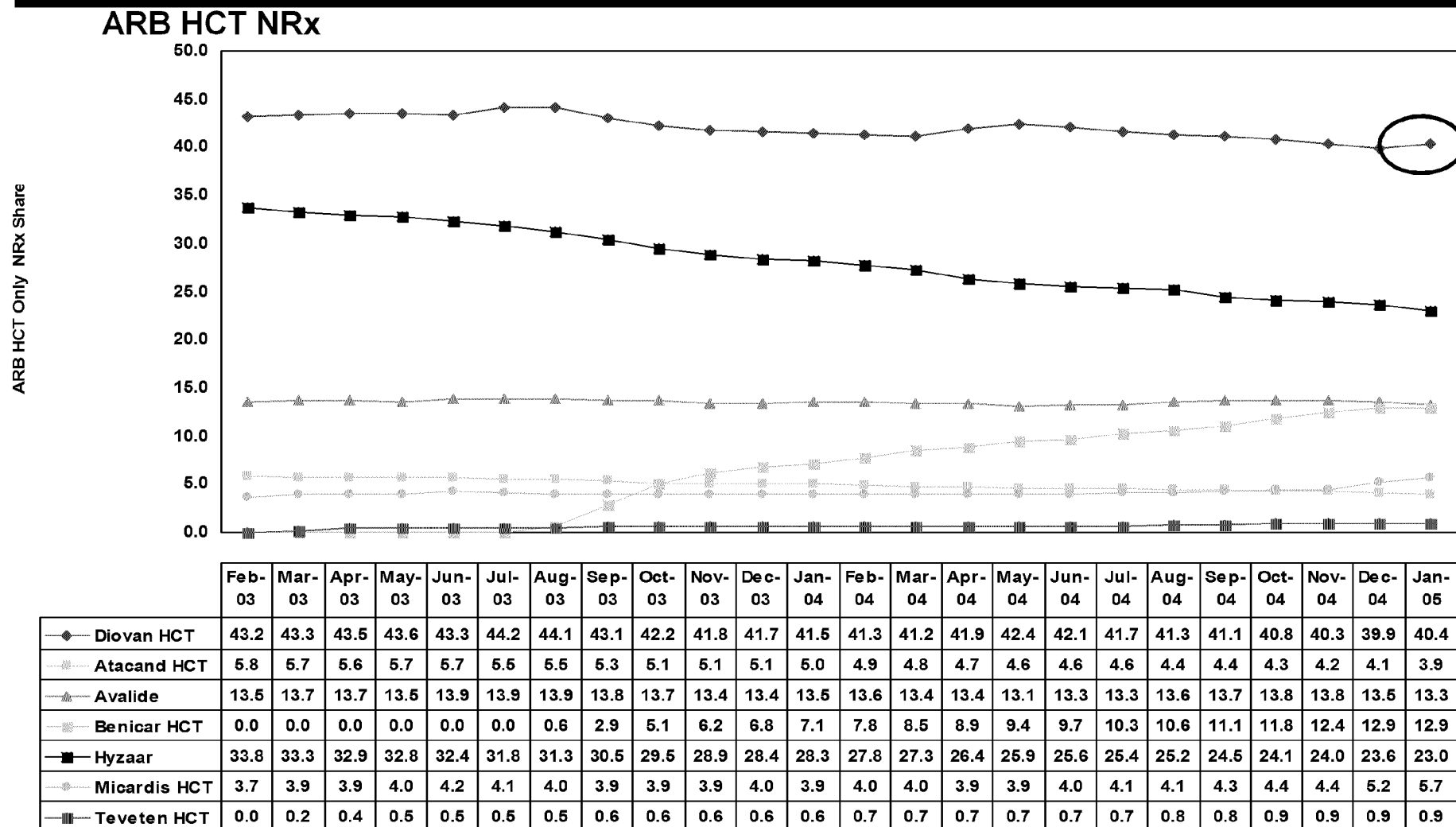
Diovan mono NRx Share increased slightly vs. 2004



Source: IMS-NPA
Diovan
valsartan

LOTREL
amlodine besylate/tenazepil HCl
2.5/10+5/10+10/20+1/20 mg capsules

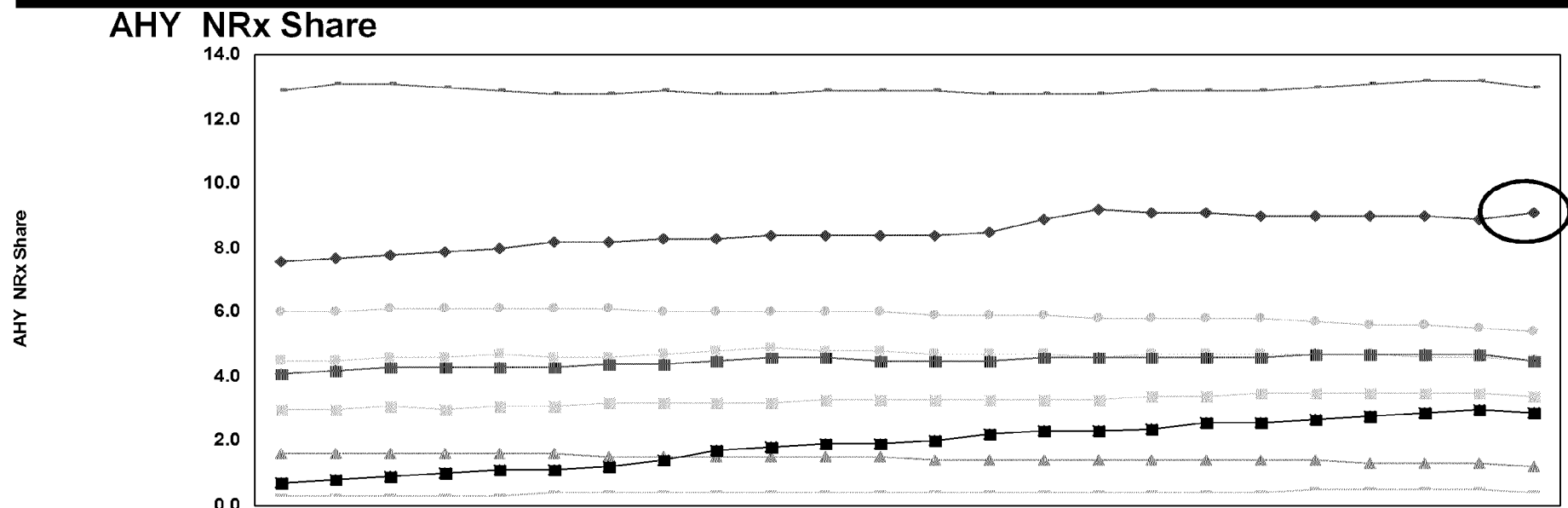
However, Diovan HCT NRx share declined slightly vs. 2004



Source: IMS-NPA
Diovan
valsartan

LOTREL
amlodipine besylate/tenazepil HCl
2.5/10+5/10+10/20+1/20 mg capsules

Diovan/HCT continuously gain share in overall anti-hypertensive market place



	Feb-03	Mar-03	Apr-03	May-03	Jun-03	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05
—●— Diovan + HCT	7.6	7.7	7.8	7.9	8.0	8.2	8.2	8.3	8.3	8.4	8.4	8.4	8.4	8.5	8.9	9.2	9.1	9.1	9.0	9.0	9.0	9.0	8.9	9.1
---○--- Altace	4.5	4.5	4.6	4.6	4.7	4.6	4.6	4.7	4.8	4.9	4.8	4.8	4.7	4.7	4.7	4.6	4.7	4.7	4.7	4.7	4.7	4.6	4.6	4.5
---△--- Atacand + HCT	1.6	1.6	1.6	1.6	1.6	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.3	1.2
---■--- Avapro/Avalide	3.0	3.0	3.1	3.0	3.1	3.1	3.2	3.2	3.2	3.2	3.3	3.3	3.3	3.3	3.3	3.3	3.4	3.4	3.5	3.5	3.5	3.5	3.5	3.4
---■--- Benicar + HCT	0.7	0.8	0.9	1.0	1.1	1.1	1.2	1.4	1.7	1.8	1.9	1.9	2.0	2.2	2.3	2.3	2.4	2.6	2.6	2.7	2.8	2.9	3.0	2.9
---○--- Cozaar/Hyzaar	6.0	6.0	6.1	6.1	6.1	6.1	6.1	6.0	6.0	6.0	6.0	6.0	5.9	5.9	5.9	5.8	5.8	5.8	5.8	5.7	5.6	5.6	5.5	5.4
---■--- Lotrel	4.1	4.2	4.3	4.3	4.3	4.3	4.4	4.4	4.5	4.6	4.6	4.5	4.5	4.5	4.6	4.6	4.6	4.6	4.6	4.7	4.7	4.7	4.7	4.5
---○--- Norvasc	12.9	13.1	13.1	13.0	12.9	12.8	12.8	12.9	12.8	12.8	12.9	12.9	12.9	12.8	12.8	12.8	12.9	12.9	12.9	13.0	13.1	13.2	13.2	13.0
---○--- Tarka	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.5	0.5	0.5	0.4

Source: IMS-NPA
Diovan
valsartan

LOTREL
amlodipine besylate/benzapril HCl
2.5/10+5/10+10/20+1/20 mg capsules

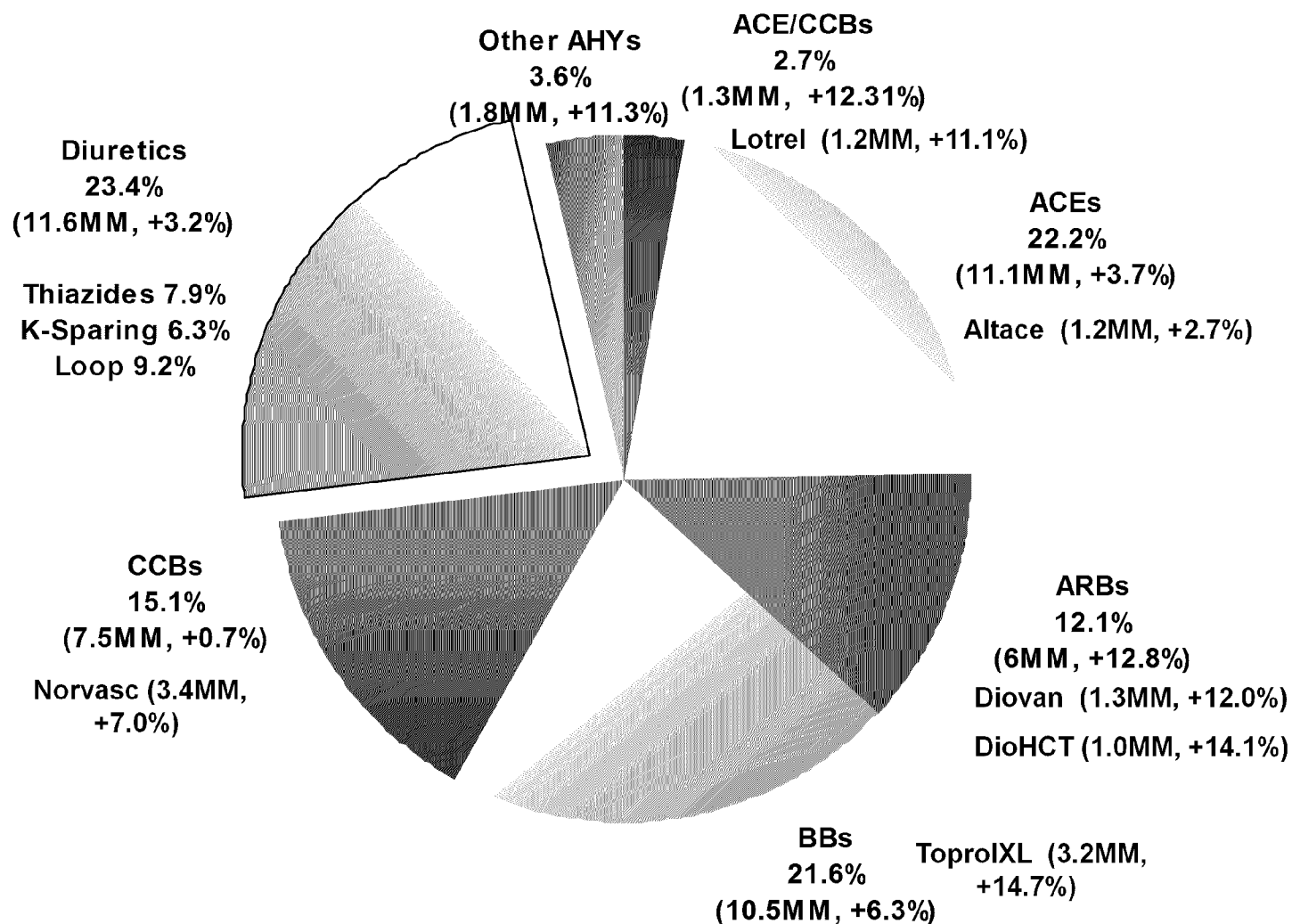
Diuretic Strategic Overview



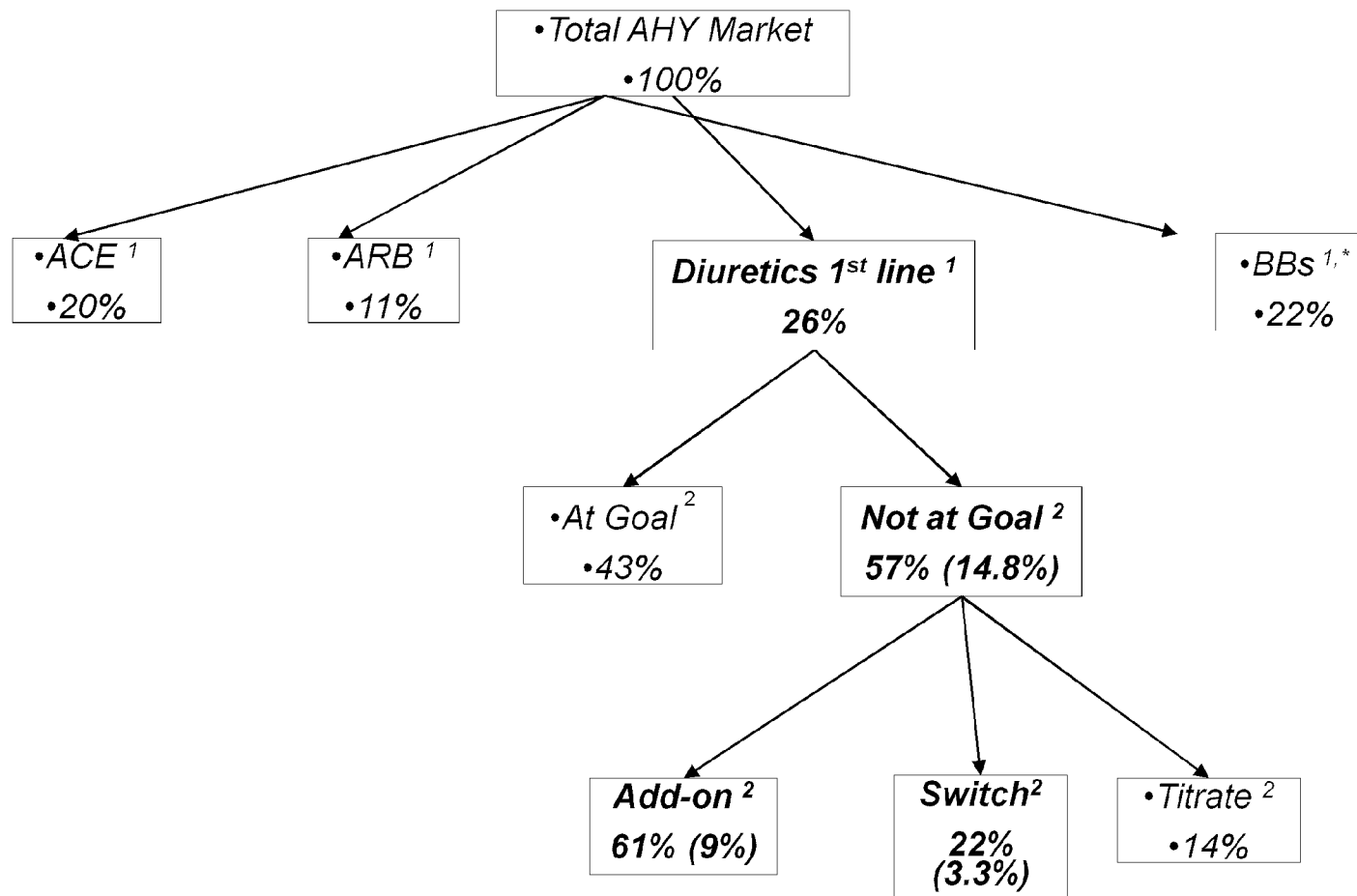
Diuretics account for more than 23% of the AHY market and represent a great opportunity

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US Broad Hypertension Market - January YTD 2005



Diuretics have the largest share of patients “Not at Goal”- A significant growth opportunity for both Diovan/HCT and Lotrel



Sources:

¹ Verispan Dec03

² ACEI Monotherapy: SYND HYT RPT (MMC-US; Jan04)

* Accounts for BB only (#31410); NOT BB w/diuretic or BB/A-B BI w/diuretic



Current treatment patterns identify significant growth opportunities for Diovan/HCT and Lotrel

	Top Add-Ons (Subsequent Therapy for New to Class Patients)				
Class	DIU	CCB	BB	ARB	ACE
ACE	30%	15%	26%	2%	
ARB	29%	20%	19%	5%	
CCB	24%		15%	8%	16%
DIU	10%	14%	19%	7%	21%

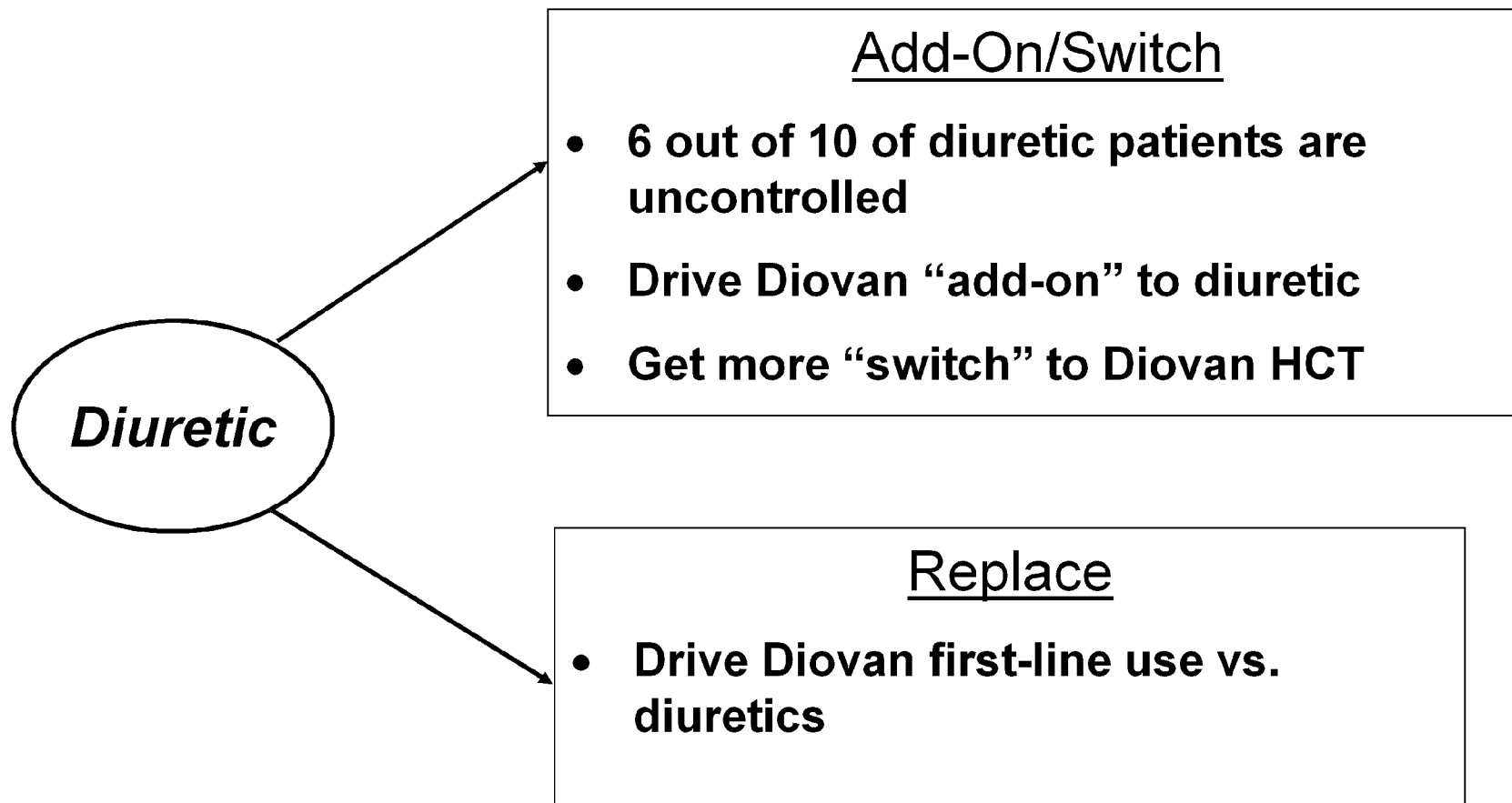
	Top Switches (Subsequent Therapy for New to Class Patients)					
DIU	ACE	BB	ARB_DIU (Fix)	ARB	ACE_DIU (Fix)	CCB
	19%	21%	4%	7%	2%	14%

Source: Verispan Longitudinal Patient Data; Look forward period: 90 Days from initiation of therapy within a particular class

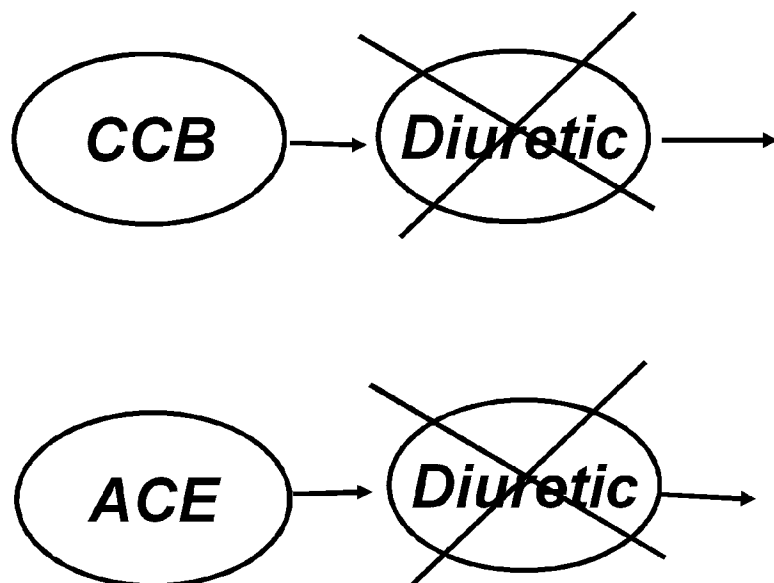
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Exploit the lack of BP control with Diuretics and grow Diovan/HCT



Replace diuretics with Lotrel for additional BP control and/or less edema



Replace

- Sell Lotrel as the “Go To” Agent for BP Efficacy
- 24% of CCB Add-ons are Diuretics. Instead drive switches from CCBs to Lotrel for patients:
 1. Not at BP goal
 2. Experiencing edema
- 30% of ACE Add-ons are Diuretics in free form. Instead drive switches from ACEs to Lotrel for patients not at BP goal

Diuretics will be added to the AHY Market Basket in T2 '05

- Incentives and Field Reporting (DAM Report) will include diuretics
- DPM Training includes scientific diuretic overview and role play scenarios
- CV Franchise share will change:
 - Diovan/HCT share will change from 8.9% to 7.4%
 - Lotrel share will change from 4.7% to 3.9%
- Little to no impact on target lists



CV Referral Network Initiative



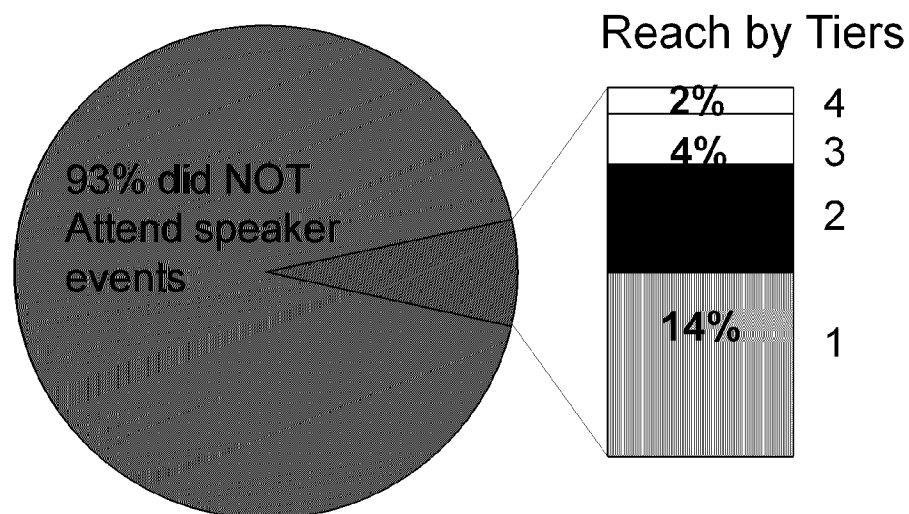
Building the Referral Network is a Major component to Strategy for Improving Meetings and Events

- Re-establish Novartis CV franchise as the 800-pound gorilla
 - Increase spend in meetings and events
- Optimize mix of Speaker Program vs. Round Table,
 - Provide specific direction on mix of speaker programs vs. round table meetings
- Increase attendance (reach more targets, more often)
 - Build physician referral network, from local to regional to national
 - Leverage referral network to draw attendance to speaker programs
 - Utilize National Steering Committee to develop/enhance program contents
- Increase utilization of majority of local/regional speakers
 - Conduct Local Speaker Training after Referral Network is Mapped

Diovan speaker- led events reach few targets

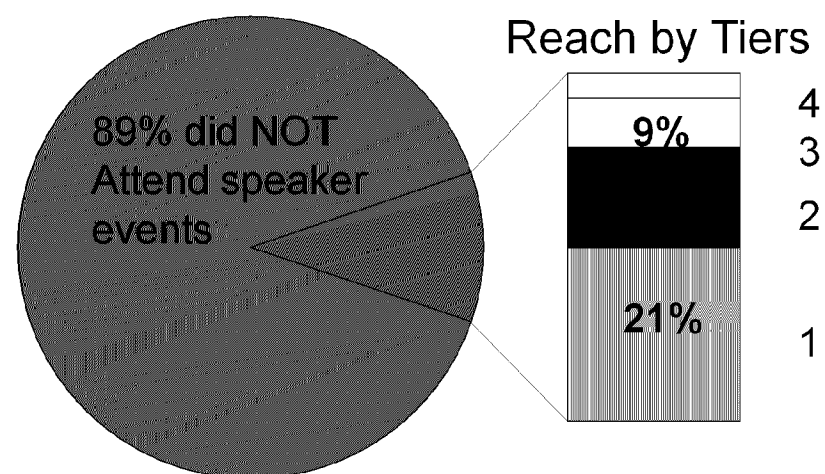
Only 7% of PCPs and 11% of Cards attend speaker programs

PCPs



MDs attend ~ 1.3 events

Cards



MDs attend ~ 1.6 events

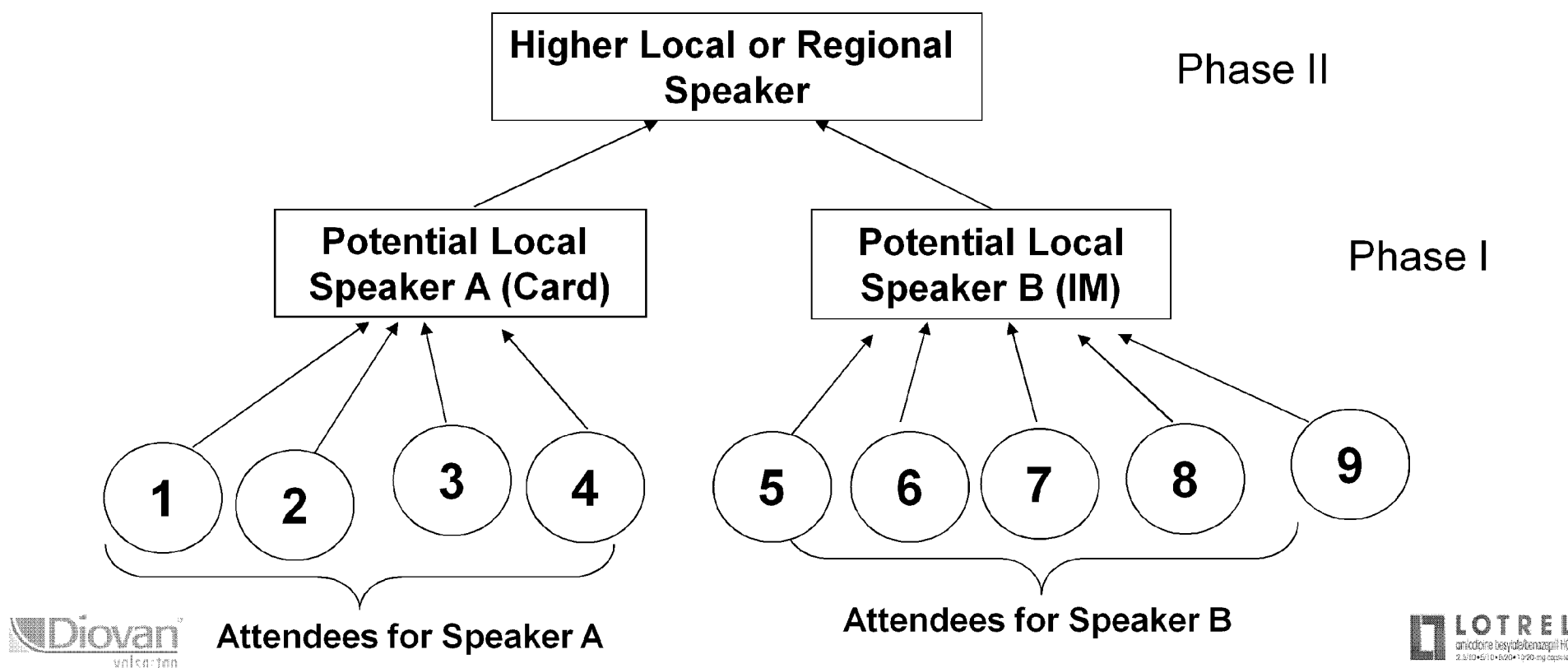


Source: NEC Jan04-Oct-04



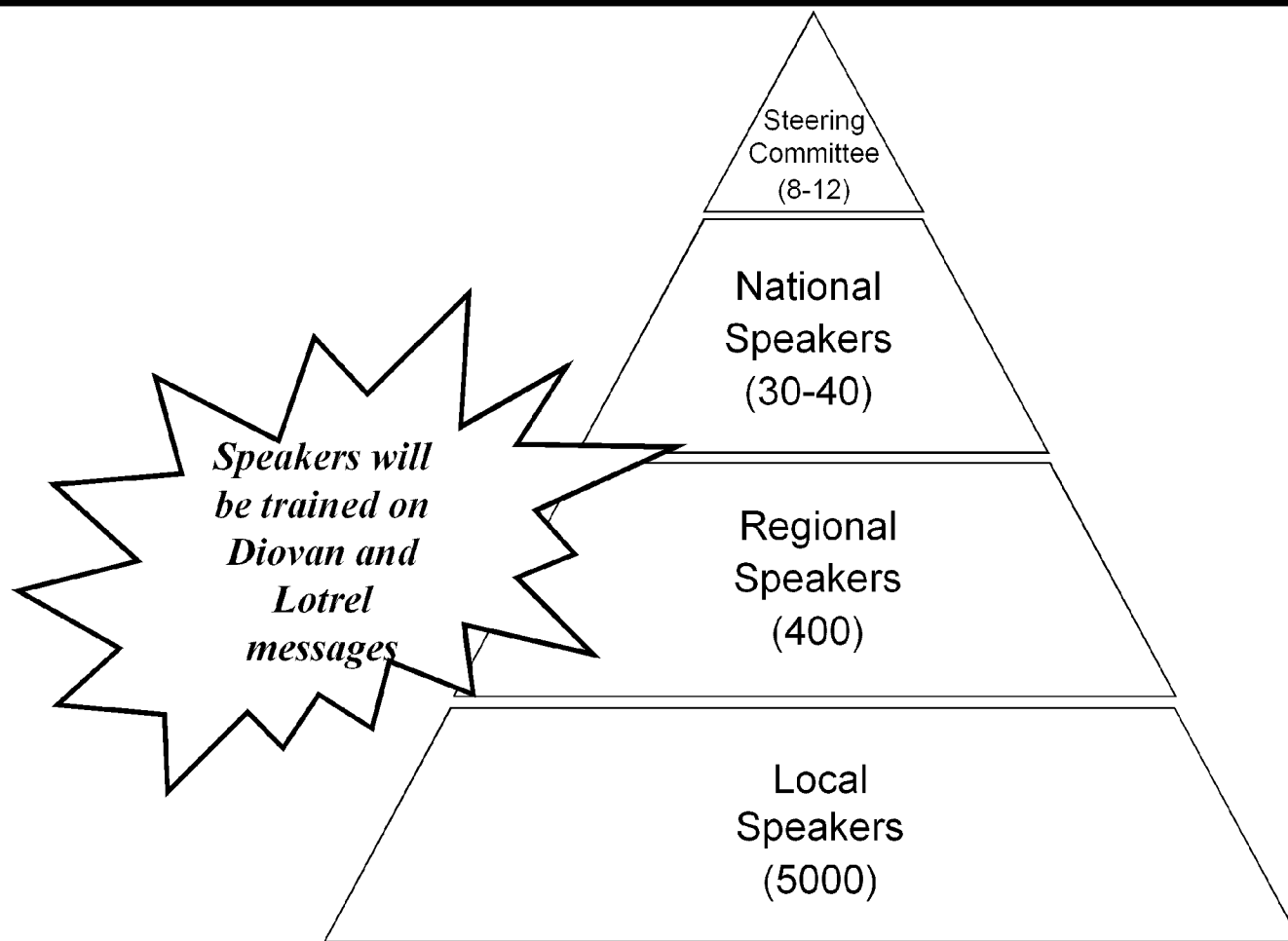
Field Mapping Resulted in More than 60,000 Physicians Being Interviewed in Two Phases

- Interviews Focused on Tier 1, 2, and 3 targets as these physicians return a greater ROI when attending speaker led events
- Phase I – Determine Local PCP Influencers and associated networks
- Phase II – Determine Regional Specialty Influencers and associated networks



Training Cascade to Ensure Physicians at all Levels are Trained to Support Meeting & Event Goals

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What We've Accomplished So Far

- Interviewed 62,000 target physicians
- Created 4 new program decks and case studies developed
- Developed Training Meetings for up to 5000 physicians/ \$15 M investment
 - 2 National Meetings
 - 4 Regional Meetings
 - 1 Hospital Meetings
 - 17 Local Training Meetings
- Field Nominated 3128 physicians to participate in Local Training Meetings



Each Region will Participate in Multiple Speaker Training programs to Insure²⁷ Sufficient Quantity of Speakers are in Place to Drive Program Execution

Date	Regions Invited	Meeting Location	Venue
4/30/2005	Atlanta and Raleigh	Orlando, FL	Hyatt Regency Grand Cypress
5/21/2005	Atlanta and Raleigh	Charlotte, NC	Westin Charlotte
6/4/2005	Atlanta and Raleigh	New Orleans, LA	Hyatt Regency New Orleans
6/11/2005	Atlanta and Raleigh	Atlanta, GA	Hotel Inter-Continental Buckhead
6/25/2005	Atlanta and Raleigh	Nashville, TN	Franklin Marriott Cool Springs-- 250 people
5/21/2005	Cincinnati and Chicago	Cincinnati, OH	Hyatt Regency Cincinnati
6/4/2005	Cincinnati and Chicago	Minneapolis, MN	Hilton Minneapolis
6/11/2005	Cincinnati and Chicago	Chicago, IL	Chicago Marriott Downtown
6/25/2005	Cincinnati and Chicago	Detroit, MI	Westin Detroit Metropolitan Airport
4/30/2005	Morristown & Boston	New Jersey	Hilton Shorthills
5/21/2005	Morristown and Boston	Boston, MA	Boston Marriott Copley Place
6/4/2005	Morristown and Boston	Baltimore, MD	Baltimore Marriott Waterfront
6/11/2005	Morristown and Boston	New York, NY	Marriott Marquis NY
4/30/2005	San Ramon and Dallas	San Francisco, CA	Argent Hotel San Francisco
6/4/2005	San Ramon and Dallas	San Francisco, CA	Palace Hotel
6/11/2005	San Ramon and Dallas	Phoenix, AZ	TBD
6/25/2005	San Ramon and Dallas	Dallas, TX	Hyatt Regency Dallas

RACE TO A BILLION Update



Provide Feedback

Motivational

Make your mark



Informative

Supportive



RACE TO A BILLION

• PROGRAM CONTENTS

- Voice Mails announcing sales progress
- Voice Mails sharing success stories submitted by N-IV Directors and Managers
- E-Mails explaining tactics, strategies, and Product and Market Updates
- News Letters providing information and Product and Market Updates
- Attack Packs
- Zone Premiums
- Keeper Premiums for the Field
- One type of Communication to go out each week
 - Alternating distribution channels



Sales Training Brief Overview



CV T2 Trimester Calendar

- NPPM 4/4-4/8
- May DPM w/o 5/2-5/9
- CV Train the Trainer Meeting 5/31
- CV DPM w/o 6/13-6/20



Two Phase Approach to CV Training

Phase I - May DPM (CV Knowledge Training Only) – 2 hours

Enhance Knowledge Expertise in *preparation* for Phase II

Phase II - June DPM (Marketing and Training)

Delivery of new messages and implementation of new skills



Pre-work

Delivery Date: Week of April 11th

Field Communication of “Roadmap” for T2 Training

Basic Backgrounder on:

- Primary Focus on Diuretics & to a lesser extent beta blockers
- ALLHAT, ASCOT, JNC 7
- Treatment of hypertension in African Americans, the Elderly and Patients with Diabetes



BACK UP SLIDES



Role of Scientific Operations

- RSD support for the roll out of the prework and pocket meetings
- Q & A teleconferences for prework
- RSD clinical presentations at RPM and APM/DPM's



Section 1 – Clinical Presentation

Objective: Review basic information on diuretics and beta-blockers (from pre-work).
Review the study design and key outcomes of the ALLHAT study, ASCOT and key points from JNC 7 relevant to the current hypertension marketplace.

Format: 1 hour presentation time
30 minutes Q&A

Description:

RSD will conduct a “scientific” session on the drug classes and the key publications.
FLM and RSD will facilitate.



Section 2 – Patient Types

Objective: Understand some of the specific challenges in treating different high-risk patient populations

Format: 1 hour

Description:

Facilitated by FLM, with RSD support

Team Exercise

- Three groups – African Americans, the elderly and patients with diabetes
- Pros and Cons (challenges) to treating each patient type and which drug classes may be appropriate



Section 3- Jeopardy Challenge

Objective: Reinforce knowledge obtained from pre-work and clinical review.

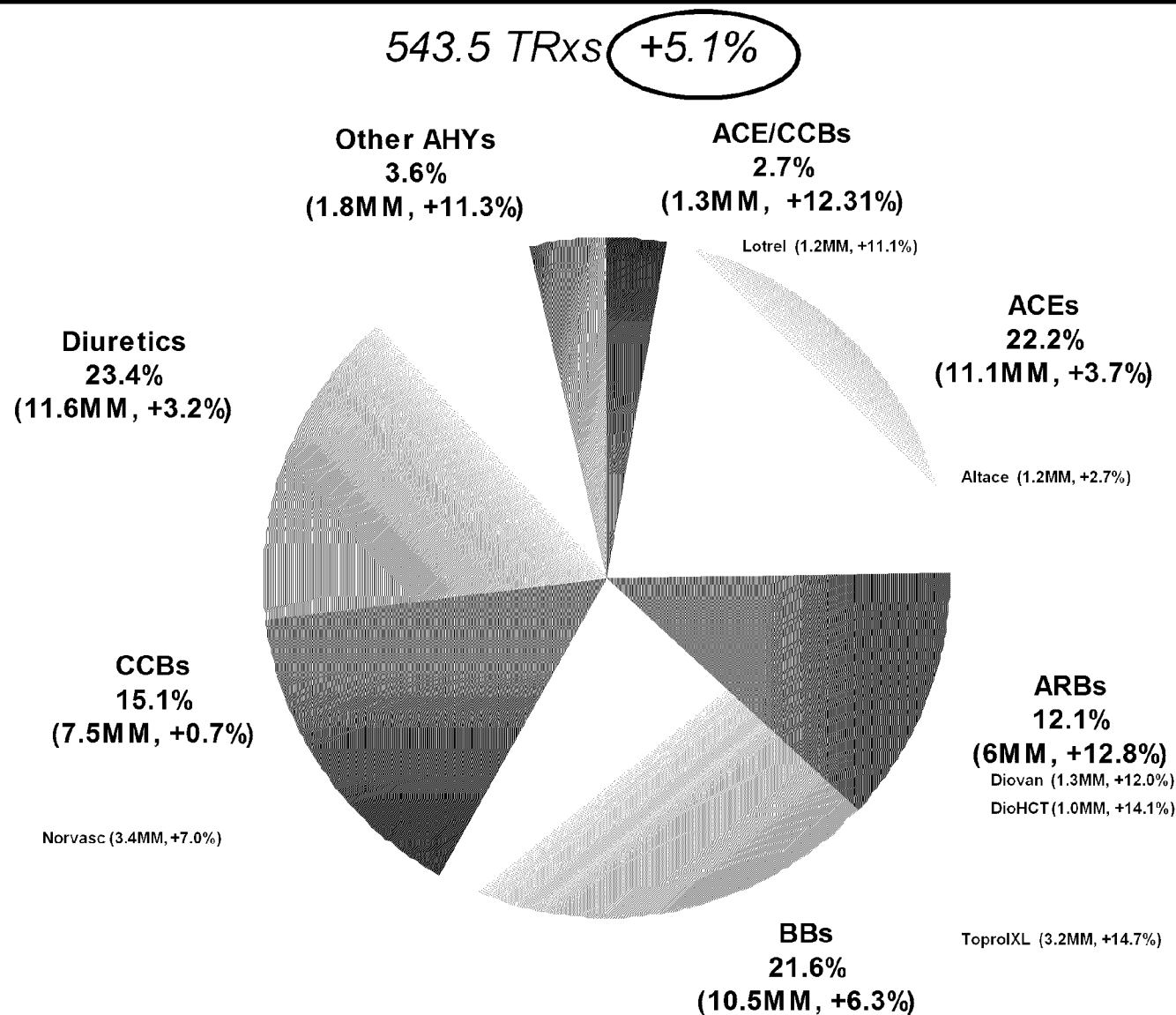
Format: 30 minutes

Description:

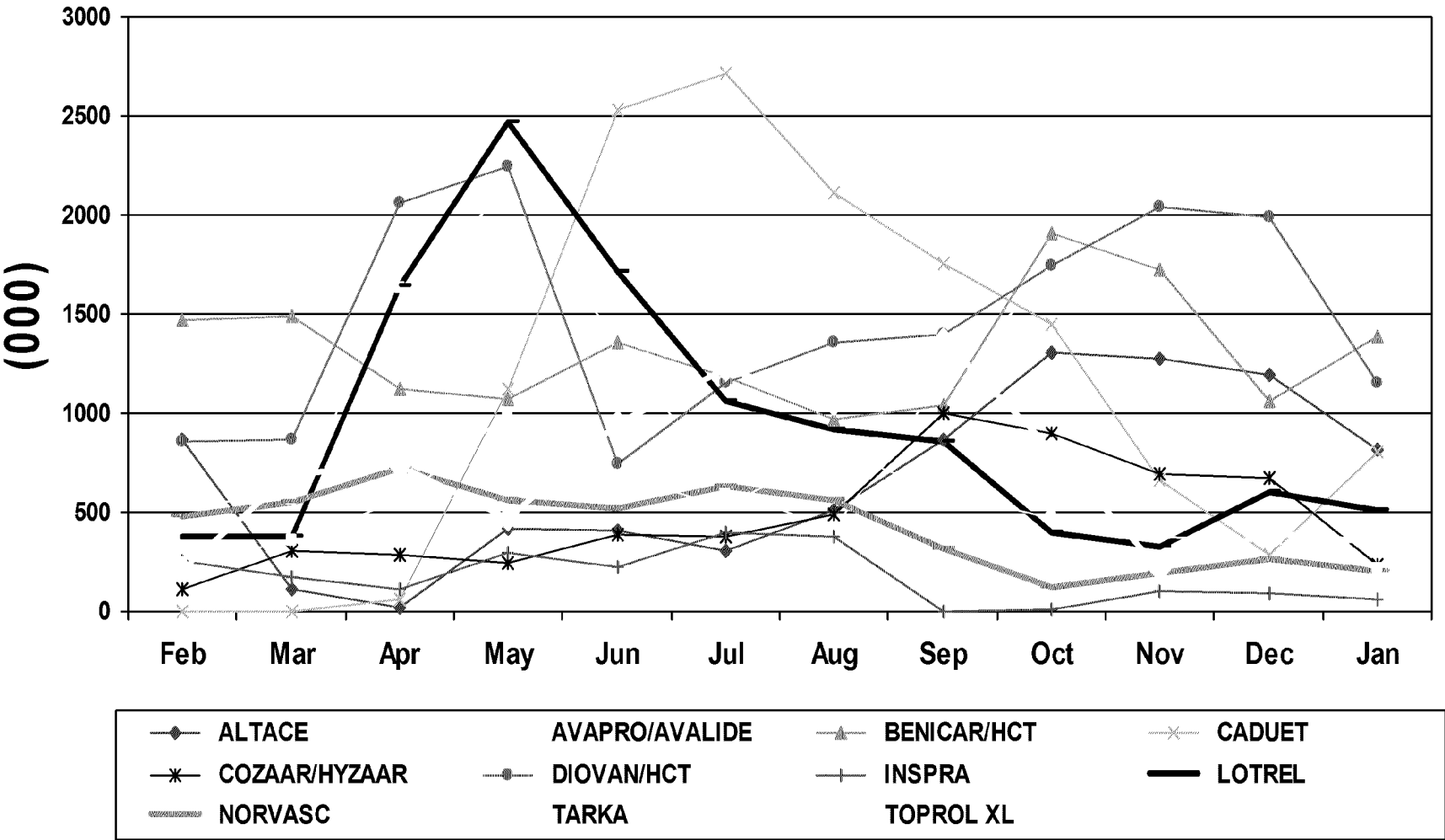
Questions surrounding basic PI and MOA of diuretics and beta blockers, ALLHAT, ASCOT, JNC 7 and patient types for the treatment of hypertension



US Broad Hypertension Market - January YTD 2005



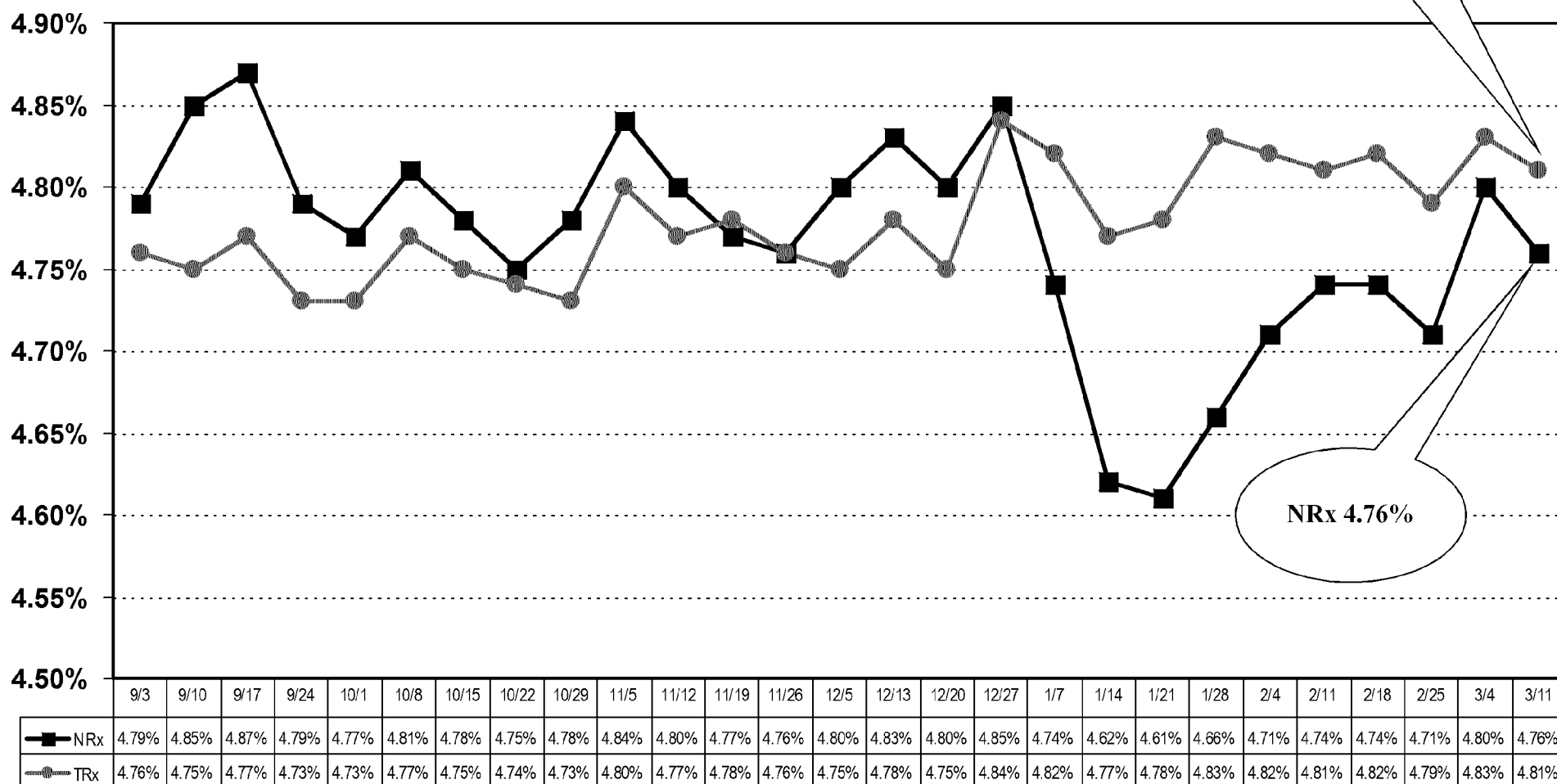
PMEA \$ Monthly Trends Rolling 2 Month Average




Source: Verispan


amlodipine besylate/benzapril HCl
2.5/10+5/10+10/20+1/20 mg capsules

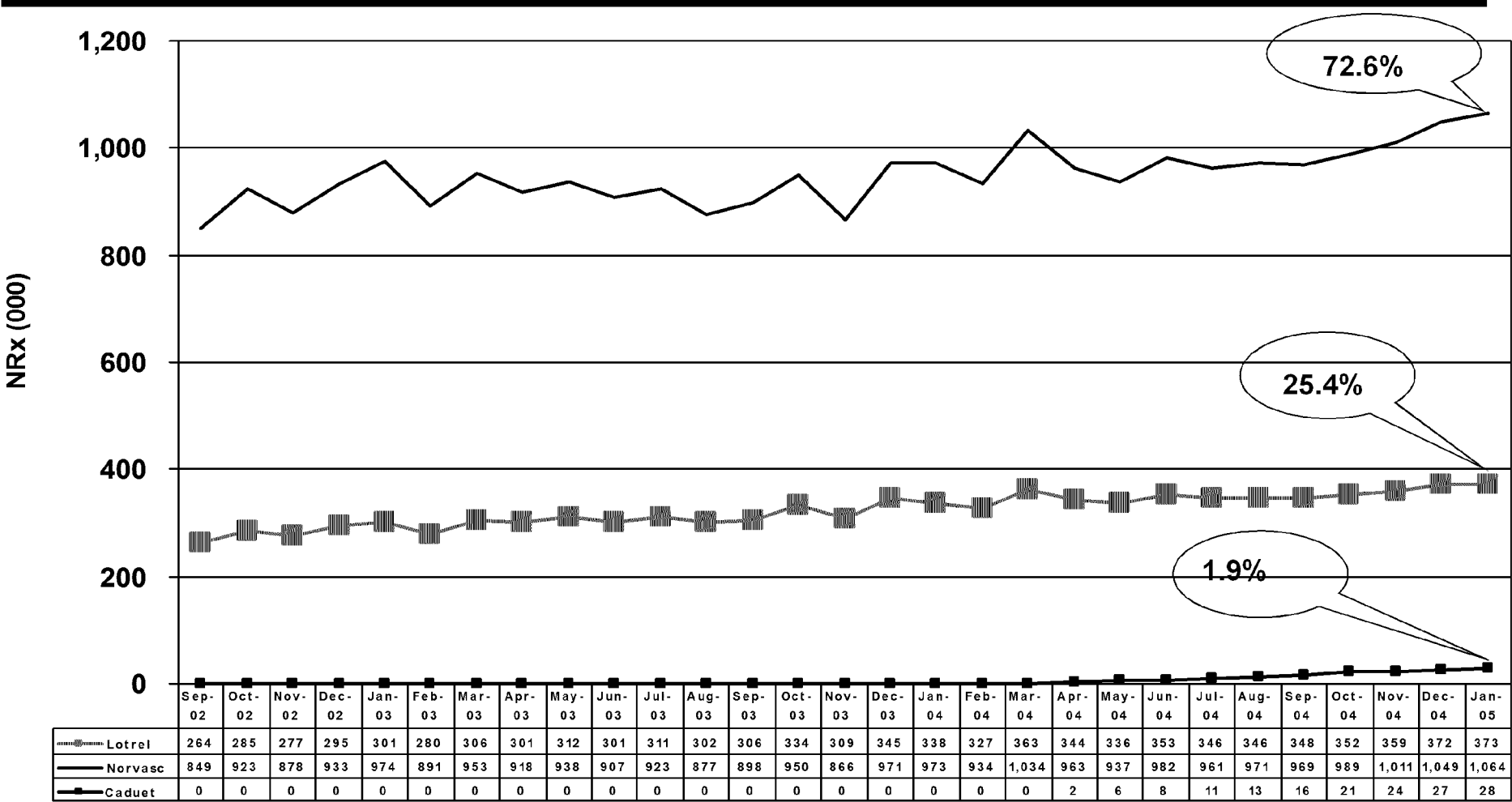
Lotrel Weekly NRx and TRx Share through week of 3/11/05



Source: IMS NPA Weekly



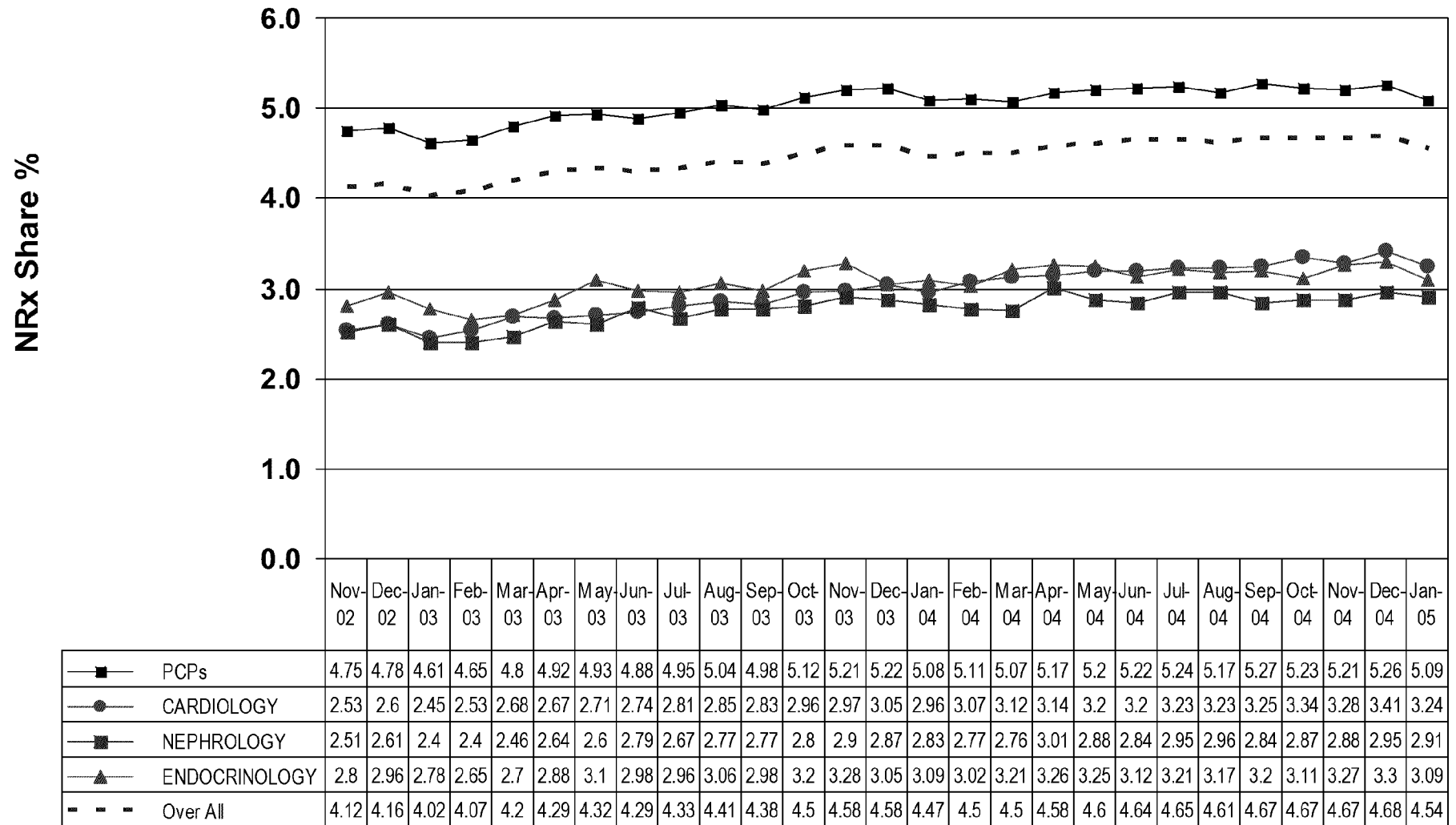
Amlodipine NRx Trend through Jan. '05
Norvasc, Lotrel, Caduet



Source: IMS Dataview



Lotrel AHY NRx Share By Specialty



Source: IMS Dataview

